1. PLACE OF DEATH C. COUNTY  b. CITY TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give TOWNSHIP only) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give TOWNSHIP only) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give TOWNSHIP only) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give Township) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give Township) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give Iocation) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give Iocation) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give Iocation) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give Iocation) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give Iocation) TOWN St. Iouis  c. FULL NAME D' (If fourside corporate limits, give Iocation) TOWN St. Iouis  d. STREET TOWN St. Iouis  c. FULL NAME D' (In fourside corporate limits, give Iocation) TOWN St. Iouis  d. STREET TOWN St. Iouis  d. Iouis  d. Iouis  d. I	F	11	LED MAR 2 7 1959  THE DIVISION OF HEALTH OF MISSOURI  STANDARD CERTIFICATE OF DEATH  STATE FILE NUMBER  2025							
Dec 19   Control   Contr	ŀ	1.	a. COUNTY b. COUNTY							
C. FULL NAME OF (If NOT in heapited, give location)    ADSTRUCTION   ADDRESS   ADDRESS   ADDRESS   ADDRESS   ADDRESS   ADDRESS   ADDRESS			b. CITY (If outside corporate limits, give TO OR		c. CITY OR CO Ton	is				
Cight   Cigh			c. FULL NAME OF (If NOT in hospital, give	ston Length of stay in 1b		(If outside, give le Arlingto	ocation)			
Male 0 Wh    100. USUAL OCCUPATION (Give Vinid of work done)   100. KIND OF BUSINESS OR   110. BRTHPLACE (City and state or country)   12. CITIZEN OF WHAT COUNTRY?   100. BRIDER'S NAME   100. BRIDER		3.	(Type or print) Philip		Giglio	OF DEATH 3	3 14	4 59		
Section working life, even if restriced   Ralmod Shoe Co   Italy   USa    13a. FATHER'S NAME   13b. MOTHER'S MAIDEN NAME   14b. NAME OF RUSSAND OR WIFE    15a. FATHER'S NAME   13b. MOTHER'S MAIDEN NAME   14b. NAME OF RUSSAND OR WIFE    15a. SAS DECEASED EVER IN U. S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17b. INFORMANT   Address    15b. VAS DECEASED EVER IN U. S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17b. INFORMANT   Address    15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  16b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  17c. INFORMANT   Address   15b. NO.   17b. INFORMANT   Address    15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)  15b. CAUSE OF DEATH (Enter only one course per line for (a), (c), and (c), an			Male o Wh	WIDOWED DIVORCED	Dec 2 1893	Oth birthday)	Months Days	Hours Min.		
Ciuseppe Giglio  Patricia Licata  Josephine  15. VAS DECLASE DEFERINU. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. INFORMANT  Address  18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to above cause (a), lighting cause last. DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related of the terminal disease condition given in PART I (a)  20c. ACCIDENT SUICIDE HOMICIDE  20c. TIME OF How Month, Doy, Year INJURY (e.g., in or about home, p.m.  20d. AULIEUT OCCURRED.  21. I attended the deceased from 22-15-4, to 3-14-5, and lost kaw her alive on perhaps the month of the best of my knowledge, from the causes stated.  21. I attended the deceased from 22-15-4, to 3-14-5, and lost kaw her alive on Boath occurred at month of the best of my knowledge, from the causes stated.  22a. BURIAL, CREMATION, 15b. DATE 25c. NAME OF CEMETERY OR CREMATORY 22b. LOCATION (City, twen, or comm) (State)  22a. BURIAL, CREMATION, 15b. DATE 25c. NAME OF CEMETERY OR CREMATORY 22b. LOCATION (City, twen, or comm) (State)  22a. FURRAL DIRECTOR MICHAEL (City, DATE 25c. NAME OF CEMETERY OR CREMATORY 22b. LOCATION (City, twen, or comm) (State)  MAR 16 '59	Ĺ		Shoe worker K	almon Shoe Co	Ital	- 5	U			
(Yes, no, or unknown) (If yes, give we or dates of service)  18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).)  18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).)  18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).)  18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).)  18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).)  18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).)  19. Canditions, if any, which gove rise to choose course (e), strings the underly which gove rise to choose course (e), strings the underly one course (e), strin			Giuseppe Giglio	Patricia Li	cata	Josephi	Re			
NAMEDIATE CAUSE (a)   Conditions, if any, which provides last.   DUE TO (b)   Aldonning Candinators   SMD ?		ίγ. Τ	(If yes, give war or dates of serv	" 489-01-7653HA	_		Arling	RVAL BETWEEN		
20g. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20g. TIME OF Hour Month, Day, Year INJURY o.g., in or about home, p.m.  20d. INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in or about home, p.m.  20d. INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in or about home, p.m.  21. I attended the deceased from   2 - /5 - J   10   3 - /4 - J   20   20   20   20   20   20   20		z	Conditions, if any, which gove rise to above cause (a), stating the underlying cause last.  DUE TO (c)	Edenocaraino	ma I rigin	oid col	on	5 mo?		
20c. TIME OF Hour Month, Day, Year INJURY o.m. p.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  21. I attended the deceased from Death occurred at month date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE  22a. SIGNATURE  22a. BURIAL, CREMATION, 13b. DATE PROVIDED ADDRESS  DEMONAL (STEILY) Town, OR LOCATION COUNTY STATE  22b. ADDRESS  CALO, W. Floresay Signature  22c. DATE SIGNED  23c. NAME OF CEMETERY OR CREMATORY  DEMONAL (STEILY) Town, or county)  St. Louis, Mo  24. FUNERAL DIRECTOR  MICOLI 1150 N. Kingshiway  ADDRESS  MAR 16 '59	5	\ \ \ \	lee	ondari a	nemia.			PERFORMED?		
INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK  21. I attended the deceased from Death occurred at  22d. SIGNATURE  (Degree or title)  23d. NAME OF CEMETERY OR CREMATORY  23d. BURIAL, CREMATION, 13d. DATE BUYLAGE  24. FUNERAL DIRECTOR MICELL 1150 N. Kingshiway  20f. CITY, TOWN, OR LOCATION COUNTY STATE  20f. CITY, TOWN, OR LOCATION COUNTY  STATE  20f. CITY, TOWN, OR LOCATION COUNTY  STATE  3 - / 4 - 5 9 and last saw her alive on 3 - / - 5 9 and last saw her al		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		206. DESCRIBE HOW INJURY OCC			l of item [8.)			
21. I attended the deceased from 2-15-37, to 3-14-59 and last saw her alive on 3-1/-59  Death occurred at		MED	INJURY o.m. p.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE T		, 20f. CITY, TOWN, OR LOCATI	ON COL	UNTY	STATE		
23a. BURIAL, CREMATION, 75b. DATE BUTIAT  23c. NAME OF CEMETERY OR CREMATORY BUTIAT  23c. NAME OF CEMETERY OR CREMATORY Calvary  St. Louis, Mo  24. FUNERAL DIRECTOR MICOLI 1150 N. Kingshiway  St. Louis, Mo  25. DATE RECD. BY LOCAL REG. MAR 16 '59  MAR 16 '59  MAR 16 '59			Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.							
Buriar # 3/17/59 Calvary St. Louis, Mo  24. Funeral Director Miceli 1150 N. Kingshiway  ADDRESS MAR 16 '59  MAR 16 '59  MAR 16 '59			Hell	con NO.	6401 W/Flon	sogy fo	inho	3-16-59		
Miceli 1150 N. Kingshiway MAR 16'59 Mar 1 mith. M. D.	ľ	Buriar # 3/17/59 Calvary St. Louis, Mo								
(Licensed Embalmer's Statement on Reverse Side)										

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	corded on the reverse side of this certificate was embalme							
by me, or by	, Student Embalmer No							
working under my personal supervision.								
Student	Signed J. D. M. Signed Licensed Embalmer No. 365							

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.